	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance		
Property Information	OF CALLS ORMA	Contractor or Licensed Owner Information	
Building Name		Name	
Address		Address	
	AIRE MARSE	City St	. Zip
City	License #	Phone	
Contact Person	SFM	Job #	
Phone		Misc.	

Type of System				
Automatic Sprinkler System	Water Storage Tank			
System Riser ID	Water Spray System			
Standpipe & Hose System	System Riser ID			
System Riser ID	Foam-Water System			
Private Water Supply System	System Riser ID			

D = Deficiency *C = Comment (Indicate type)					
ltem	Date	Riser	D	С	<b>Deficiencies and Comments</b> Indicate all equipment, devices and parts that were repaired or replaced
					1

Continuation Form for Deficiencies and Comments	California Code of Regulati Inspection, Testing, and N	
Property Information	TEOF CALLEON	Contractor or Licensed Owner Information
Building Name		Name
Address	THE WAY STREET	Job #
City	ARE MARUE	
D = Deficiency C = Comment (Indicate type		

D = Defi	D = Deficiency C = Comment (Indicate type)					
ltem	Date	Riser	D	С	<b>Deficiencies and Comments (cont.)</b> Indicate all equipment, devices and parts that were repaired or replaced	
See Correction Form AES 10 for corrected deficiencies. Number attached:						

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.			
Print Name			
Signature	Date		